

U.S. No. 2
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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41392

FILED DEC 23 1946

Registration District No. 5723

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Morgan Township
(If outside city or town limits, give name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Rura 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME

John H. Wright

3. (b) If veteran, name war

no

3. (c) Social Security

no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Elizabeth Wright (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February 3 1876
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 23
If less than one day hr. min.

9. Birthplace Marian Ohio (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business James Wright

12. Name James Wright

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Gleason

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Wright

(b) Address Princeton, Mo

17. (a) burial (b) Date thereof Nov 27, 1946
(Method, disposition, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton Mo

19. (a) 11-30-46 (b) Leon Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1946 hour 9:40 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 23
46 to Nov. 27 1946
that I last saw h. im alive on Nov 27 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death, heart auricular fibrillation, with mitral and aortic regurgitation.

Due to Had been heavily digitalized for 4 days. Died while expelling an enema.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 90 B

Of autopsy None made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury (f)

23. Signature O. S. Bristow (M. D. or other) MO.

Address Princeton, Mo Date signed 11/24/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
40195

190

(Licensed Embalmer's Statement on Reverse Side)